Health Canada

2012-13

Report on Plans and Priorities

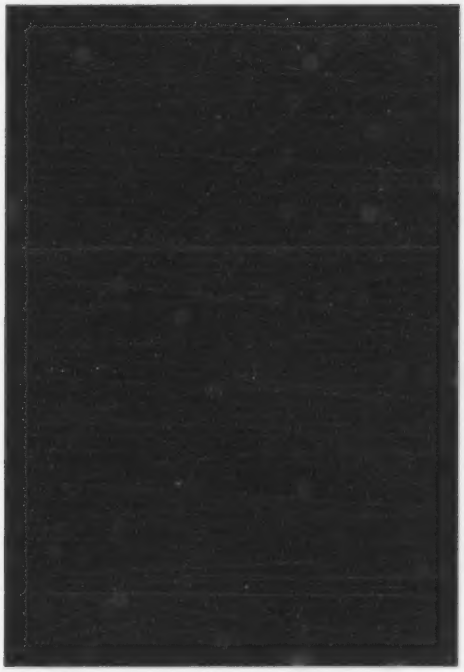


Table of Contents

Minister's Message **1**
Section I: Organizational Overview **3**
Raison d'être 3
Responsibilities 3
Strategic Outcomes and Program Activity Architecture (PAA) 4
Organizational Priorities 5
Risk Analysis 8
Planning Summary 9
Expenditure Profile 13
Estimates by Vote 13
Section II: Analysis of Program Activities by Strategic Outcome(s) **15**
Strategic Outcome 1: ***15***
Program Activity: Canadian Health System 15
Planning Highlights 16
Program Activity: Specialized Health Services 18
Planning Highlights 19
Program Activity: Official Language Minority Community Development 20
Planning Highlights 21
Strategic Outcome 2: ***22***
Program Activity: Health Products 22
Planning Highlights 23
Program Activity: Food Safety and Nutrition 25
Planning Highlights 26
Program Activity: Environmental Risks to Health 27
Planning Highlights 28
Program Activity: Consumer Product Safety 29
Planning Highlights 30
Program Activity: Substance Use and Abuse 31
Planning Highlights 32
Program Activity: Radiation Protection 33
Planning Highlights 34
Program Activity: Pesticide Safety 35
Planning Highlights 36
Strategic Outcome 3: ***37***
Program Activity: First Nations and Inuit Primary Health Care 37
Planning Highlights 38
Program Activity: Supplementary Health Benefits for First Nations and Inuit 40
Planning Highlights 40
Program Activity: Health Infrastructure Support for First Nations and Inuit 42
Planning Highlights 42
Internal Services ***44***
Planning Highlights 44
Section III: Supplementary Information **47**
Financial Highlights 47

Supplementary Information Tables 51
Additional Weblinks 52
Section IV: Other Items of Interest 55
Organizational Contact Information: 55

Minister's Message

I am pleased to present Health Canada's 2012–2013 Report on Plans and Priorities, outlining the Department's priorities for the next three years. Our evolving priorities are consistent with the ongoing efforts to support Canada's population to be among the healthiest in the world.

Over the next three years, Health Canada will continue to be a leader in promoting ***health system accountability, sustainability and innovation***. To address emerging pressures on the Canadian health care system, the Department will work alongside health partners, including the provinces and territories, to concentrate our attention in areas such as health human resources, electronic health records, and wait time reductions. The Department will also collaborate with others to ensure that the system remains responsive to the needs of Canadians.

The Department will continue to ***effectively deliver quality First Nations and Inuit health programming***. Over the past year we have worked with our partners on a First Nations and Inuit Health Strategic Plan, which will guide our efforts in this priority area. We will maintain a focus on primary care and public health service delivery models by putting interdisciplinary teams in place to ensure access to a continuum of services. We will strengthen collaboration with provinces, territories, and with First Nations and Inuit communities to ensure quality service delivery. We will implement the recently signed *British Columbia Tripartite Framework Agreement on First Nations Health Governance*. Health Canada will improve the quality and availability of comprehensive mental health and addictions services by focusing on the effectiveness and efficiency of our programs in this area. And, we will continue to support effective delivery of Non-Insured Health Benefits to eligible First Nations and Inuit.

We recently released the report, *Action on Weatherill Report Recommendations to Strengthen the Food Safety System: Final Report to Canadians,* which outlines the actions taken by the Government of Canada to implement all of the recommendations made by the Independent Investigator, Ms. Sheila Weatherill. In planning for the future, Health Canada will focus on ***modernizing health-protection frameworks*** to encourage innovation, reduce the burden of regulatory compliance, and support co-operation among major trading partners.

Transparency, participation, and collaboration are values that guide Health Canada's contributions to the Government of Canada's Open Government Initiative. Particularly with respect to the Open Dialogue component of the initiative, we will maintain a high quality Web presence and strive for effective consultations with Canadians to inform our decisions in key areas of commitment.

Health Canada is committed to improving the alignment of resources to priorities, to effective program delivery, and to helping Canadians maintain and improve their health. I am confident that, by carrying out the plans described in this Report, we will have a positive impact on the health system and ultimately, on the overall health of Canadians. I look forward to continuing our work with Canadians across the country to achieving our priorities.

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health

Section I: Organizational Overview

Raison d'être

Health Canada plays various roles that help Canadians to maintain and improve their health and contribute to strengthening Canada's record as a country with one of the healthiest populations in the world.

Responsibilities

First, as a **regulator**, Health Canada is responsible for the regulatory regimes governing the safety of products including food, pharmaceuticals, medical devices, natural health products, consumer products, chemicals, radiation emitting devices, cosmetics and pesticides. It also regulates tobacco products and controlled substances, public health on aircraft, ships and other passenger conveyances, and helps manage the health risks posed by environmental factors such as air, water, radiation and contaminants.

The Department is also a **service provider**. For First Nations and Inuit, Health Canada supports: basic primary care services in remote and isolated communities and public health programs including communicable disease control (outside the Territories); home and community care; and, community-based health programs focusing on children and youth, mental health and addictions. The Department also provides a limited range of medically-necessary, health-related goods and services to eligible First Nations and Inuit that are not otherwise provided through other public programs or private insurance plans.

Health Canada is a **catalyst for innovation, a funder, and an information provider** in Canada's health system. It works closely with provincial and territorial governments to develop national approaches to health system issues, and promotes the pan-Canadian adoption of best practices. It administers the *Canada Health Act*, which embodies national principles to ensure a universal and equitable, publicly-funded health care system. It provides policy support for the federal government's Canada Health Transfer to provinces and territories, and provides funding through grants and contributions to various organizations to help meet overall health system objectives. The Department draws on leading-edge science and policy research to generate and share knowledge and information to support decision-making by Canadians, the development and implementation of regulations and standards, and health innovation.

Strategic Outcomes and Program Activity Architecture (PAA)

Strategic Outcome 1 A Health System Responsive to the Needs of Canadians	Program Activity 1.1 **Canadian Health System**	Program Activity 1.2 **Specialized Health Services**	Program Activity 1.3 **Official Language Minority Community Development**				
Strategic Outcome 2 Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating	Program Activity 2.1 **Health Products**	Program Activity 2.2 **Food Safety and Nutrition**	Program Activity 2.3 **Environ-mental Risks to Health** [redacted]	Program Activity 2.4 **Consumer Products Safety**	Program Activity 2.5 **Substance Use and Abuse**	Program Activity 2.6 **Radiation Protection** [redacted]	Program Activity 2.7 **Pesticide Safety**
Strategic Outcome 3 First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	Program Activity 3.1 **First Nations and Inuit Primary Health Care** [redacted]	Program Activity 3.2 **Supple-mentary Health Benefits for First Nations and Inuit**	Program Activity 3.3 **Health Infra-structure Support for First Nations and Inuit**				
Internal Services	[redacted]						

The Health Canada Program Activity Architecture supports achievement of three of four themes in the Federal Sustainable Development Strategy:

Theme I
Addressing Climate Change and Air Quality

Theme II
Maintaining Water Quality and Availability

Theme IV
Shrinking the Environmental Footprint - Beginning with Government

Organizational Priorities

Priority	I - Promote Health System Innovation
Type	Ongoing
Links to Strategic Outcome(s)	1, 2 and 3
Why is this a priority?	The health care system is vital to addressing the health needs of Canadians wherever they live and whatever their financial circumstances. Given the importance of the health system to Canadians, Health Canada places a priority on working with partners to improve the effectiveness, efficiency and accountability of the system. Health Canada has an important contribution to make as the health system faces sustainability and other challenges from such issues as the growth of health technologies, shifting consumer demands, and demographic changes. Addressing these challenges requires leadership to ensure the availability of better health information and policy advice, and to engage effective inter-jurisdictional and inter-organizational cooperation in a context in which governments are recognizing that their fiscal capacity is becoming limited. Governments need to continue working towards health system sustainability. Innovation is needed to support health care accessibility at less cost.
Plans for meeting the priority	• Work with provinces, territories and other health care partners on health system renewal and sustainability • Facilitate the integration of internationally educated health professionals into the Canadian health workforce • Collaborate with stakeholder organizations to support health system innovation

Priority	II - Modernize Health Protection Legislation and Programs
Type	Ongoing
Links to Strategic Outcome(s)	2
Why is this a priority?	Health Canada is responsible for a regulatory regime for products in the everyday lives of Canadians, including food, pharmaceuticals, medical devices, natural health products, chemicals, radiation emitting devices, cosmetics, and pesticides. As well, Health Canada helps to manage the risks posed by environmental factors, and the health implications of air quality, water quality, radiation, and environmental contaminants. Rapid technological change, the advent of products that blur traditional definitions, and incorporate innovative components, challenge the Department's ability to carry out its health and safety mandate. To address this challenge, the Department will continue to modernize its regulatory programs. Health Canada must continue to review and update the user fees that help to fund many regulatory activities, in order to ensure alignment with the costs of providing services.
Plans for meeting the priority	• Protect the health and safety of Canadians while reviewing and updating our regulatory frameworks • Contribute to the Government of Canada's efforts to reduce regulatory compliance burden and support co-operation with major trading partners • Communicate clearly with citizens, the private sector and other partners to support an effective and transparent regulatory system for health protection

Priority	III - Strengthen First Nations and Inuit Health Programming
Type	Ongoing
Links to Strategic Outcome(s)	3
Why is this a priority?	While health outcomes for most Canadians are improving, First Nations and Inuit continue to experience serious health challenges. Health Canada plays an important role in supporting the delivery of, and access to, health programs and services for First Nations and Inuit. The Department works with partners on innovative approaches to strengthen access, better integration of health services, and encourages greater control of health care delivery by First Nations and Inuit. Many departmental strategies have evolved to correspond to the health needs of First Nations and Inuit. In addition, the Department has been working with partners to develop a Strategic Plan for the Department's First Nations and Inuit Health Branch, which is intended to provide a stronger sense of coherence and direction for the Branch's activities, and demonstrate how they collectively contribute to improve health outcomes for First Nations and Inuit.
Plans for meeting the priority	• Strengthen primary care and public health service delivery models, including implementing interdisciplinary teams to ensure access to a continuum of services • Continue collaborative efforts with provinces/territories and First Nations and Inuit to ensure quality service delivery, and implement the British Columbia Tripartite Framework Agreement on First Nations Health Governance • Improve quality and availability of comprehensive mental health and addictions services, including defining service levels, standards and indicators • Emphasise collaborative/horizontal work with Aboriginal Affairs and Northern Development Canada (AANDC) and other key partners, and focus on strengthening data and information • Support sustainable delivery of Non-Insured Health Benefits to eligible First Nations and Inuit

Priority	IV - Align resources to priorities in a way that is flexible and forward-looking
Type	Ongoing
Links to Strategic Outcome(s)	1, 2 and 3
Why is this a priority?	The Government has committed to restrain the operational spending of all departments and agencies. Given an extensive range of legislated responsibilities, an active policy and program agenda and the need for significant investments in the infrastructure to support core departmental operations and programming, Health Canada is committed to identifying efficiencies and reallocating resources to deliver the best results possible and provide value for money.
Plans for meeting the priority	• Continue to use investment planning to advance priorities • Support the Health Canada workforce through a period of transformation

Priority	V - Improve Management Supports for Effective Program Delivery
Type	Ongoing
Links to Strategic Outcome(s)	1, 2 and 3
Why is this a priority?	Service in Health Canada takes many forms - from ensuring access by Canadians to high-quality departmental programs and services - to effective internal operations to deliver results for Canadians based on value for money. The Department is committed to focusing improvements to service delivery in support of core programs, and establishing and tracking the accountability mechanisms necessary for service improvement.
Plans for meeting the priority	• Develop, implement and monitor service standards to support more efficient departmental operations • Focus investments in information management and technology to enable core business processes and priorities

Priority	VI - Increase transparency and innovative communications and engagement with Canadians
Type	Ongoing
Links to Strategic Outcome(s)	1, 2 and 3
Why is this a priority?	Canadians have rising expectations in terms of their ability to influence government choices and their ability to gain easy access to the information they need to live healthier lives. Health Canada is committed to engaging Canadians to ensure that its policies, programs and services reflect citizen priorities and perspectives, and to using the internet and new technological tools to make information easily accessible.
Plans for meeting the priority	• Maintain a high quality web presence while ensuring accessibility for all Canadians • Continue to improve the openness and transparency of communications and consultation practices to support the Government of Canada's Open Government Initiative

Risk Analysis

Operating in a dynamic and complex environment, Health Canada uses integrated risk management, including the annual development of a Corporate Risk Profile, to recognize, understand, accommodate and capitalize on new challenges and opportunities. The Department has identified six critical risk areas to achieving the Department's Strategic Outcomes for 2012-13.

Health and Environment: Health Canada assesses risks to the health of Canadians and to the environment that may have particular relevance to its departmental mandate. One such risk that is being addressed is nursing shortages in First Nations and Inuit communities where the Department is responsible for health services. Another risk is the strength of foresight capacity to identify and quickly address incidents that may harm the health of Canadians.

Financial: The Department faces ongoing financial risks because much of its business is demand-driven, which limits the certainty in budget planning. In order to respond, Health Canada uses a robust financial planning infrastructure to track and address emerging cost challenges and achieve the best use of resources.

Human Resources: Canada has a competitive labour market, particularly for highly-specialized health talent. The Department is responding with innovative human resources strategies such as a Talent Management Strategy, recruitment programs and development programs.

Legislation and Regulation: Health Canada's legislated and regulatory responsibilities are challenging given the increasing globalized and innovative health and food product marketplace that exists, featuring many new products. The Department is responding by supporting the modernization of Canada's legislative frameworks and by using international collaboration to ensure optimal responses to new and emerging issues.

Infrastructure: Health Canada sees the program dependence on robust and responsive Information Technology (IT) as a particular risk. The Department is implementing Information Technology and Information Management policies, along with targeted investments, to ensure that IT infrastructure and services keep pace with program demands.

Reputation: Health Canada is responsible for providing health information to Canadians so that they can make informed choices. Canadians need to be able to trust and have ready access to that advice and guidance. The Department will continue to work with partners to ensure that information is easy to find, accurate and timely.

Planning Summary

Financial Resources (in millions)

2012–13	2013–14	2014–15
3,364.4	3,330.3	3,340.0

The decrease in planned spending from 2012-13 to 2013-14 is primarily associated with the sunsetting of some programs.
The increase in planned spending from 2013-14 to 2014-15 is primarily associated with demographic drivers.

Human Resources (Full-time Equivalent – FTE)

2012–13	2013–14	2014–15
10,073	10,015	10,004

The decrease in Human Resources is primarily associated with the sunsetting of some programs.

Strategic Outcome 1: A Health System Responsive to the Needs of Canadians

Performance Indicators and Targets for this Strategic Outcome

Performance Indicators	Targets
# of new or modified health system policies, proposals or practices to advance health system priorities by: • target audience • subject matter • type of material	Increased # of policies, practices and proposals put forward in order to address health system priorities
Examples of collaborative working arrangement that address health system priorities	Better and increased collaboration among Health Canada and health system stakeholders

Spending for the Program Activities under this Strategic Outcome

Program Activity	Forecast Spending 2011–12	Planned Spending			Alignment to Government of Canada Outcomes
		2012–13	2013–14	2014–15	
Canadian Health System	312.8	310.5	320.6	288.8	Healthy Canadians
Specialized Health Services	25.1	21.7	21.7	21.7	
Official Language Minority Community Development	39.3	39.9	23.7	23.7	
Total Planned Spending		**372.1**	**366.0**	**334.2**	

The decrease in total planned spending is primarily associated with the sunsetting of some programs.

Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating

Performance Indicators and Targets for this Strategic Outcome

Performance Indicators	Targets
% of target audience aware of the health risks associated with food, products, substances and environments, and of the benefits of healthy eating, Note: Should Public Opinion Research (POR) data be unavailable to support reporting on awareness, performance data on information outputs will be used as proxy performance measures.	See performance indicator details for program activities: 2.1 Health Products 2.2 Food Safety and Nutrition 2.3 Environmental Risks to Health 2.4 Consumer Products Safety 2.5 Substance Use and Abuse 2.7 Pesticide Safety
% and # of timely regulatory actions by: • program activity • pre- or post-market • type of regulatory action • result of regulatory action	See performance indicator details for program activities: 2.1 Health Products 2.2 Food Safety and Nutrition 2.3 Environmental Risks to Health 2.4 Consumer Products Safety 2.7 Pesticide Safety
Level of exposure or prevalence by: • environmental contaminants • radiation/radon • tobacco • controlled substances	See performance indicator details for program activities: 2.3.4 Health Impacts of Chemicals 2.5 Substance Use and Abuse 2.6 Radiation Protection

Spending for the Program Activities under this Strategic Outcome

Program Activity	Forecast Spending 2011–12	Planned Spending			Alignment to Government of Canada Outcomes
		2012–13	2013–14	2014–15	
Health Products	171.4	158.9	159.1	155.5	Healthy Canadians
Food Safety and Nutrition	67.0	53.1	53.4	54.5	
Environmental Risks to Health	119.7	115.4	115.1	114.1	
Consumer Products Safety	32.8	33.4	33.4	33.4	
Substance Use and Abuse	139.1	131.0	108.2	108.2	
Radiation Protection	7.4	7.4	7.4	7.4	
Pesticide Safety	42.7	39.0	39.0	39.0	
Total Planned Spending		**538.2**	**515.6**	**512.1**	

The decrease in total planned spending is primarily associated with the sunsetting of some programs.

Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

Performance Indicators and Targets for this Strategic Outcome

Performance Indicators	Targets
Non-Insured Health Benefits (NIHB) Program utilization rate (percentage of eligible clients who accessed at least one NIHB benefit)	Maintain access levels according to medical necessity
% of the on-reserve population who rate their own health status as excellent or very good	Maintain existing levels
# of First Nations and Inuit engaged in the control, design, development and delivery of health programs and services based on their own identified needs	5% increase over 5 years

Spending for the Program Activities under this Strategic Outcome

Program Activity	Forecast Spending 2011–12	Planned Spending			Alignment to Government of Canada Outcomes
		2012–13	2013–14	2014–15	
First Nations and Inuit Primary Health Care	973.1	891.7	890.5	908.0	Healthy Canadians
Supplementary Health Benefits for First Nations and Inuit	1,169.0	1,006.9	1,030.3	1,054.5	
Health Infrastructure Support for First Nations and Inuit	273.6	272.1	252.3	256.2	
Total Planned Spending		**2,170.7**	**2,173.1**	**2,218.7**	

The increase in total planned spending is primarily associated with demographic drivers.

Internal Services

Spending for the Internal Services

	Forecast Spending 2011–12	Planned Spending		
		2012–13	2013–14	2014–15
Internal Services	409.1*	283.4	275.6	275.0
Total Planned Spending		**283.4**	**275.6**	**275.0**

* Excludes $22.4 M for operations of Shared Services Canada

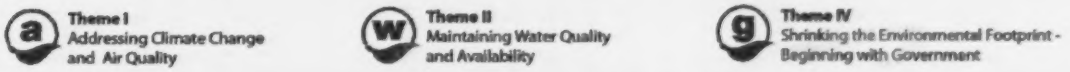
The decrease from forecast to planned spending is associated with the sunsetting of some programs and the transfer to Shared Services Canada for consolidation of IT infrastructure. The decrease in planned spending from 2012-13 through 2014-15 is primarily associated with the sunsetting of some programs.

Contribution to the Federal Sustainable Development Strategy (FSDS)

The Federal Sustainable Development Strategy (FSDS) outlines the Government of Canada's commitment to improving the transparency of environmental decision-making by articulating its key strategic environmental goals and targets. Health Canada ensures that consideration of these outcomes is an integral part of its decision-making processes. In particular, through the federal Strategic Environmental Assessment (SEA) process, any new policy, plan, or program initiative includes an analysis of its impact on attaining the FSDS goals and targets. The results of SEAs are made public when an initiative is announced, demonstrating the Department's commitment to achieving the FSDS goals and targets.

Health Canada contributes to the FSDS under three themes:

- Addressing Climate Change and Air Quality
- Maintaining Water Quality and Availability
- Shrinking the Environmental Footprint – Beginning with Government



These contributions are components of the following Program Activities, which are explained in Section II:

- Program Activity 2.3 – Environmental Risks to Health
- Program Activity 2.6 – Radiation Protection
- Program Activity 3.1 – First Nations and Inuit Primary Health Care
- Internal Services

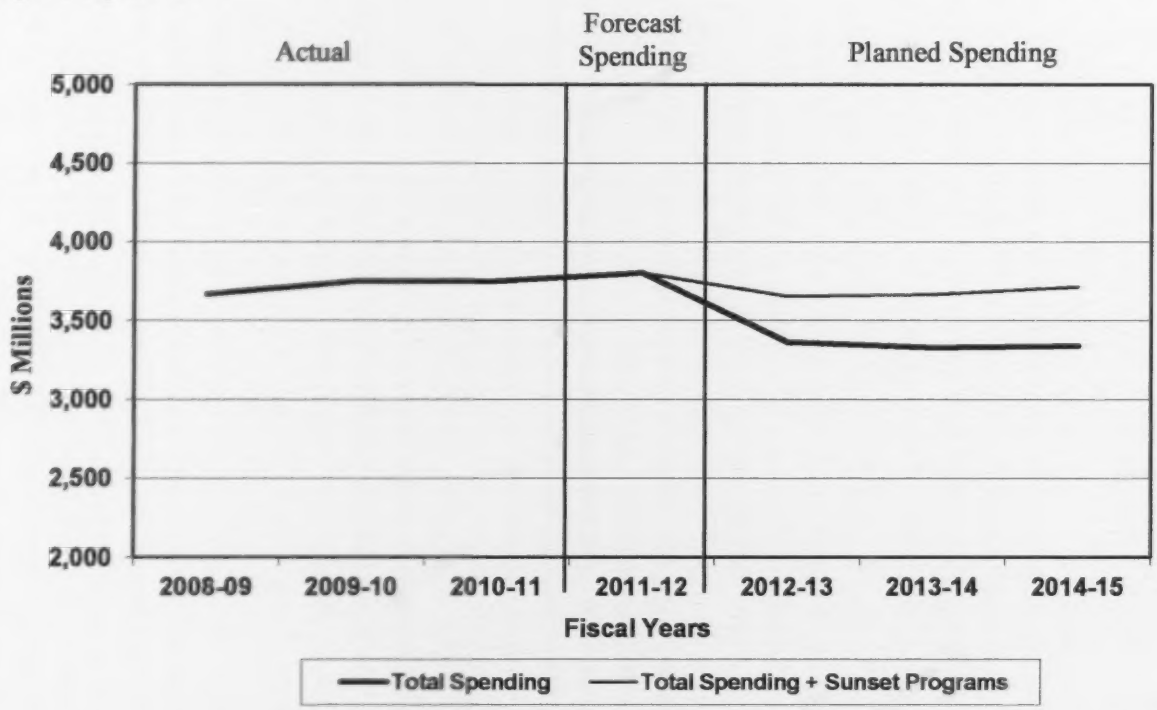
Additional details on Health Canada's activities to support sustainable development are set out in Section II of this report and Health Canada's website. Complete details on the FSDS are available at Environment Canada's website.

Expenditure Profile

For the 2012-13 fiscal year, Health Canada plans to spend $3,364.4 million to meet the expected results of its program activities and contribute to its strategic outcomes.

The figure below illustrates Health Canada's spending trend from 2008-09 to 2014-15.

Spending Trend



For the 2008-09 to 2011-12 periods, the total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board Votes. For the 2012-13 to 2014-15 periods, the total spending corresponds to planned spending. Supplementary funding and carry forward adjustments are not reflected.

The decreases in planned spending are associated primarily with the sunsetting of certain programs, which are under further review and consideration by the government.

Estimates by Vote

For information on organizational appropriations, please see the 2012–13 Main Estimates publication.

Section II: Analysis of Program Activities by Strategic Outcome(s)

Strategic Outcome 1:

A Health System Responsive to the Needs of Canadians

Canadians expect their governments to provide a health system that meets their needs and that delivers results effectively and efficiently. In addition to ensuring that it meets specific federal responsibilities, such as health services for federal employees and during international events held in Canada, Health Canada works with provincial and territorial governments as well as health organizations and other stakeholder groups to address the health objectives of Canadians. Research and policy analysis, support and funding to test innovations in health service delivery and monitoring of provincial and territorial application of the *Canada Health Act* all lead to continuing improvement in Canada's health system.

Program Activity 1.1 **Canadian Health System**	Program Activity 1.2 **Specialized Health Services**	Program Activity 1.3 **Official Language Minority Community Development**

Program Activity: Canadian Health System

The goal of this Program Activity is to provide strategic policy advice, research and analysis, and program support to provinces and territories, partners and stakeholders on health care system issues. Mindful of long-term equity, sustainability and affordability considerations, Health Canada collaborates and targets its efforts with provinces and territories, national and international organizations, health care providers, professional associations, other key stakeholders and Canadians in order to support improvements to the health care system, such as improved access, quality and integration of health care services. These targeted efforts are in place to better meet the health needs of Canadians, wherever they live or whatever their financial circumstances. Focusing on emerging health issues enables Health Canada to strategically position itself as a proactive organization, and targeted Grants and Contributions funding to support our health partners helps to ensure Health Canada is an active player in tackling domestic and global health issues.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
310.5	320.6	288.8

The increase in planned spending from 2012-13 to 2013-14 is primarily associated with an increase in program funding level. The decrease in planned spending from 2013-14 to 2014-15 is primarily associated with the sunsetting of some programs.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
321	321	321

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Acts as a catalyst to address current and emerging health issues and priorities	Actions taken to respond to current and emergent issues by: • type of policy or practice • subject matter (priority area) • target audience • purpose • resulting change	Increased adoption of new approaches, models and best practices in health care system

Planning Highlights

Promoting health system innovation will continue to be a primary focus of this Program Activity with an emphasis on health system sustainability and on improving health system efficiency, effectiveness and accountability. Examples of this work, which will involve substantial partnerships with provincial and territorial governments, and with health system partners and stakeholders, will include:

- using Health Care Policy Contribution Program resources to support the provinces and territories in the training of more than 100 family medicine residents in rural and remote communities;
- working with partners to make more effective use of existing health workforce's skills, including the provision of support for effective health workforce planning;
- supporting the improved workforce integration of internationally-educated health professionals;
- pursuing health systems research under a new coordinated approach which will involve consultation across the Health Portfolio and with academia, as well as a focusing of in-house research efforts on healthcare system improvement;
- assisting Canada Health Infoway in its work with provincial and territorial partners to establish electronic health records for Canadians and to advance eHealth priorities identified through Canada's Economic Action Plan; and,
- engaging provinces and territories on the development of approaches to measuring performance across jurisdictions in order to improve health care for Canadians.

Beyond that, the Department will continue to address the ongoing responsibilities noted in the Program Activity description above. For example, it will build stronger partnerships, bilaterally (e.g., with the United States, China and Brazil) and multilaterally through the World Health Organization (WHO) and the Pan American Health Organization (PAHO) to address opportunities most likely to have impacts on the health of Canadians and situations in which Canada can demonstrate health leadership. The Department will work with partners on health policy related aspects of international trade negotiations. It will develop strategies in support of the objectives of the *Assisted Human Reproduction Act* that take into account the 2010 Supreme Court of Canada decision on that Act.

Program Activity: Specialized Health Services

These specialized health services ensure continuity of services and occupational health services to public servants and work to ensure that Health Canada is prepared and able to continue services in the event of a national emergency. By working pro-actively to reduce the number of workdays lost to illness, Health Canada is promoting a productive public service thereby delivering results to Canadians. This Program Activity also ensures that Health Canada works internally and with partners to ensure that Health Canada has preparedness plans that are ready for execution in the event of a national emergency. Ensuring that organizations have plans in place that take into account all facets of their legislated responsibilities helps Health Canada continue to deliver services to Canadians at a time that it will be most needed. This includes coordination with other members of the Health Portfolio as well as partners across the Government of Canada. As part of this work Health Canada provides health services to Internationally Protected Persons when they are visiting Canada for international events such as summit meetings or international sporting events. Together, these specialized health services work to ensure continuity of services and capacity in day to day operations but as well as in extraordinary and unpredictable circumstances such as a national emergency or disease outbreaks such as H1N1.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
21.7	21.7	21.7

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
299	299	299

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Timely system response to public service employees with psycho-social health problems	# and % of public service employee clients' psycho-social problems dealt with within service standards	70% (represents the current Industry standard)
Coordinated, effective emergency response	Congruity between planned and executed emergency response (includes plans for Internationally Protected Persons)	The Emergency Preparedness and Response are defined in the Health Portfolio Emergency Response Plan (HPERP), which was signed in January 2010. After an event, an After-Action Report is developed in consultation with all parties involved in responding to the emergency to assess the response and deficiencies/gaps. The gaps/deficiencies are addressed in regular updates to the HPERP.

Planning Highlights

Health Canada will provide health protection of Internationally Protected Persons visiting Canada in 2012-2013 and continue to ensure the department meets its emergency management obligations.

Program Activity: Official Language Minority Community Development

Official language minority community development involves the administration of Health Canada's responsibilities under Section 41 of the *Official Languages Act* committing the federal government to enhancing the vitality of English-speaking and French-speaking minority communities as well as fostering the full recognition and use of both English and French in Canadian Society and the provision of policy and program advice relating to the Act. Administration involves consulting with Canada's official language minority communities on a regular basis, supporting and enabling the delivery of contribution programs and services for official language minority communities, reporting to Parliament and Canadians on Health Canada's achievements under Section 41, and coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority communities.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
39.9	23.7	23.7

The decrease in planned spending from 2012-13 to 2013-14 is primarily associated with the sunsetting of some programs.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
12	10	10

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Increased number of health professionals available to provide health services in official language minority communities (OLMCs)	# of health professionals who successfully completed training programs (funded by Health Canada), by: • type of health profession • language • location % of health professionals who completed the training programs who work in OLMCs, by: • type of health profession • location	Francophone: 1406 graduates over 5 years Anglophone: Second language training – approximately 8000 people over 5 years (by March 31, 2013)
Improved integration of OLMC health needs into the health system	# of changes in legislative or public policies addressing the health needs of OLMCs (specify: type of change, purpose, OLMC need being addressed, location)	Presence of an integration plan for each area where there is a network and reports on the implementation and results achieved (by March 31, 2013)

Planning Highlights

Health Canada will continue its ongoing responsibilities under the *Official Languages Act* as noted in the Program Activity description above. A key vehicle for this work will continue to be management of the Official Languages Health Contribution Program, which supports health projects focusing on access to health care in minority language communities.

Strategic Outcome 2:

Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating

This Strategic Outcome seeks to ensure that the food that Canadians eat and products they use are as safe as possible and that threats to health are addressed effectively. It helps increase Canadians' understanding of factors that influence everyone's health such as environmental conditions and nutrition. It helps to limit the use and abuse of tobacco and illicit drugs.

Program Activity 2.1	Program Activity 2.2	Program Activity 2.3	Program Activity 2.4	Program Activity 2.5	Program Activity 2.6	Program Activity 2.7
Health Products	**Food Safety and Nutrition**	**Environmental Risks to Health**	**Consumer Products Safety**	**Substance Use and Abuse**	**Radiation Protection**	**Pesticide Safety**

Program Activity: Health Products

This Program Activity is responsible for regulating a broad range of health products that affect the everyday lives of Canadians. Under the authority of the *Food and Drugs Act* and its Regulations, and the *Department of Health Act*, the Program Activity evaluates and monitors the safety, quality and efficacy of human and veterinary, biologic and genetic therapies, radio-pharmaceuticals, medical devices, and natural health products so that Canadians have access to safe and effective health products. This Program Activity also verifies, through compliance monitoring and enforcement activities, that regulatory requirements for health products are met. In addition, the program provides timely, evidence-based and authoritative information to key stakeholders including, but not limited to, health care professionals such as physicians, pharmacists, natural health practitioners and members of the public to enable them to make informed decisions about the use of health products.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
158.9	159.1	155.5

The increase in planned spending from 2012-13 to 2013-14 is primarily associated with funding level increase (for the authority to re-spend revenues collected pursuant to modernized user fee regulations). The decrease in planned spending from 2013-14 to 2014-15 is primarily associated with the sunsetting of some programs.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
2,174	2,213	2,219

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Increased awareness of the benefits and risks associated with the use of health products	% of the target population aware of the benefits and risks associated with the use of health products. Examples include, but are not limited to: • level of awareness • type of target group and # reached • dissemination mechanisms/sources of information received/reviewed • product category	Annual increases
Timely regulatory decisions for health products	% of regulatory decisions made within service standards by type (Pre-market submissions): • pharmaceutical drugs (human and veterinary) • biologics and radiopharmaceuticals • medical devices • natural health products	Pharmaceuticals – human – 90% Pharmaceuticals – veterinary – 90% Biologics and radiopharmaceuticals – 90% Medical devices – 90% Natural health products – TBD after backlog resolved
Timely regulatory response for health product risks	% of compliance/surveillance activities reviewed within service standards by type: • incidents • inspections • establishment licenses • lab samples Post-market safety assessments: • pharmaceutical drugs (human only) • biologics and radiopharmaceuticals • medical devices • natural health products	Post-Market Safety Assessments: 90% completed

Planning Highlights

Health Canada has developed a regulatory roadmap, which outlines the Department's vision for transforming the current regulatory frameworks into an efficient, transparent and comprehensively aligned regulatory system for health products and food. As part of the Department's commitment under the Cost Recovery Initiative, performance for health product cost-recovered activities will be closely monitored to ensure standards are met.

Recognizing the value of foreign regulatory information to Canadian health product market authorization reviews, Health Canada is implementing a three-year plan to make more efficient, consistent and systematic use and integration of foreign regulatory information.

Health Canada is collaborating with its U.S. regulatory counterparts to reduce regulatory burden for health products as part of Regulatory Cooperation Council initiatives and to move closer to the shared vision for the Department and industry of an automated environment for the exchange, review and management of information supporting the health product review process.

One initiative will address use of the U.S. Food and Drug Administration's (FDA) Electronic Submission Gateway in order to allow industry applicants to submit health product submissions electronically to both Health Canada and the FDA. The Department is conducting a parallel submission review project with the FDA in the area of veterinary drugs to help facilitate simultaneous availability of these products. More generally, Health Canada will continue to work to harmonize regulatory activities with international partners by sharing information, through collaborative initiatives and developing international standards through forums such as the International Pharmacovigilance Working-sharing Group (IPWG).

The Department will solicit public involvement as part of integrating transparency, openness and accountability in a modernized regulatory system. It will use a pilot Patient and Consumer Participation Pool to seek the views of a wider variety of patients and consumers, drawing on tools designed to enhance public understanding of the regulatory process.

Program Activity: Food Safety and Nutrition

The Food Safety and Nutrition program activity establishes policies, regulations and standards related to the safety and nutritional quality of food. Food safety standards are enforced by the Canadian Food Inspection Agency and the Program Activity assesses the effectiveness of CFIA's activities related to food safety. The legislative framework for food is found in the *Food and Drugs Act* and Regulations, the *Canadian Food Inspection Agency Act* and the *Department of Health Act*. The Program Activity also promotes the nutritional health and well-being of Canadians by collaboratively defining, promoting, and implementing evidence-based nutrition policies and standards. As the focal point and authoritative source for nutrition and healthy eating policy and promotion, the Program Activity disseminates timely, evidence-based, and authoritative information to Canadians and stakeholders to enable them to make informed decisions and healthy choices.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
53.1	53.4	54.5

The increase in planned spending from 2012-13 to 2013-14 is primarily associated with an increase in program funding.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
555	566	557

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Improved healthy eating by Canadians	% change in eating/ dietary practices of Canadians over time	20% increase from current value (42% of Canadians aged 18 and older reported that they consumed fruits and vegetables five or more times a day
Responsiveness to external triggers related to nutritional and food safety risks through timely regulatory response and non regulatory initiatives	% of Health Risk Assessments (HRAs) conducted at Canadian Food Inspections Agency's (CFIA) request addressed and communicated to stakeholders within Service Standards # % of regulatory and non regulatory initiatives in response to external triggers related to nutritional risks and food safety risks	90% of HRAs at CFIA's request within time standards; Food Directorate develops regulatory and non regulatory responses to 90% of external triggers
Increased awareness of Canadians on the benefits and risks related to food safety, nutrition and healthy eating	% of the target population aware of benefits and risks related to food safety, nutrition and healthy eating over time (Note: Due to public opinion research limitations, program may use proxy indicators associated with the outputs 'Information available' for 2.2.1 [Food Safety] and "Education tools developed and disseminated for Canadians and stakeholders" for 2.2.2 [Nutrition and	For food safety awareness, as described in the 'Survey of Canadians' knowledge & behaviour related to Food Safety' conducted in February 2010 by EKOS. For nutrition and healthy eating, TBD based on baseline data (by the end of FY 09-10)

	Healthy Eating] as a measure of the % of the target population aware.)	

Planning Highlights

Ongoing work under this Program Activity will continue to address the food safety and nutrition concerns of Canadians within Health Canada's mandate. The Department will pursue initiatives to modernize pre-market food review and approvals, enhance its capacity to anticipate and respond to food safety incidents, and develop and implement food safety and nutrition preventative measures. Under the Health Canada regulatory modernization roadmap, actions will include work related to nutrition risks and enhanced risk management measures for priority food safety hazards and contaminants in food.

Health Canada's work with partners and stakeholders on healthy eating will focus on developing and promoting infant feeding guidelines, and on awareness and education activities, including implementing a Healthy Eating Awareness and Education Campaign. Health Canada will also continue to advance a healthy eating policy in *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*.

Program Activity: Environmental Risks to Health

The environment continues to be a key determinant of health for all Canadians. This Program Activity aims to promote and protect the health of Canadians by identifying, assessing and managing health risks posed by environmental factors. The scope of activities includes: research on climate change, air quality, drinking water quality, chemical substances, and contaminated sites, clean air programming and regulatory activities, risk assessment and management of chemical substances, air pollutants, water contaminants, health impacts of climate change, products of biotechnology and products of other new and emerging technologies (including nanotechnology); and, working with the passenger conveyance industry to protect the health of the travelling public.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
115.4	115.1	114.1

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
880	878	874

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Threats to the health of Canadians posed by environmental risks are reduced	Trend data show improvements in air quality and health benefits	Baseline for air quality and health benefit improvements to be set in 2013-2014. Following that, air quality and health benefit improvements will be reported every three years, by percentage change over the period.
	Trend data demonstrate increased development and application of adaptation strategies to address health risks from climate change	A minimum of 5 new communities adopt and implement a heat alert and response system to address the health risks from climate change over a 5 year period.
	Level of exposure to substances of concern	Program is currently working to establish new targets based on baseline established in 2010.

Federal Sustainable Development Strategy (FSDS) Targets Led by Health Canada

FSDS Goals, Performance Indicators and Targets for this Program Activity

FSDS Goals	Performance Indicators	Targets
Goal 2: Air Pollution: Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems	Health-based assessments of priority indoor air pollutants and associated management tools (# of indoor air and CMP priority indoor pollutant assessments, guidelines, building or product standards)	Help protect the health of Canadians by assessing indoor pollutants and developing guidelines and other tools to better manage indoor air quality
Goal 2: Air Pollution: Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems	*Percentage decrease of concentrations of selected substances (PFOS and PBDE) in water from baseline data Levels of exposure to substances of concern by substance *Canadian releases of selected controlled substances	Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances.
Goal 3: Water Quality: Protect and enhance the quality of water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.	Health-based water guidelines (# of water guidelines/guidance documents approved by F/P/T Committee by product type (guideline/guidance document)	Help protect the health of Canadians by developing health-based water guidelines

* Indicates that Health Canada shares responsibility for this indicator with Environment Canada

Planning Highlights

The Department will continue to implement the Chemicals Management Plan (CMP). By 2015, Health Canada will assess and manage the potential health and ecological risks associated with approximately 1500 substances, through the substance groupings initiative, rapid screening, and other approaches.

The Department will also continue to: provide expert advice and oversight in support of activities to minimize the risks to Canadians associated with indoor and outdoor air pollution; address the current and anticipated effects to health of a changing climate through the continued implementation of Health Alert and Response Systems in Canadian communities; protect the health of Canadians by developing health-based drinking water guidelines; and, protect travellers by implementing a risk-based approach to public health inspections on conveyances (ships, planes and trains) and their related services.

Program Activity: Consumer Product Safety

Health Canada is committed to promoting the health and safety of Canadians by working to improve the safety of consumer products in the Canadian marketplace. Under the Consumer Products Safety Program Activity, Health Canada works to identify, assess, manage and communicate to Canadians the health and safety risks associated with consumer products that adults and children commonly use for personal family, household or garden purposes, or in recreation or sports. This is achieved through active prevention, targeted oversight and rapid response, all of which are supported by the *Canada Consumer Product Safety Act*.

Through active prevention, Health Canada works with industry to help proactively identify and systematically assess safety risks posed by consumer products, develop standards and share best practices. Also, the Program Activity promotes awareness of new policy and regulatory activity, and provides guidance to industry on existing regulations through guidance documents, workshops and training. Through targeted oversight, the program keeps a close watch on products for which the risks are not yet fully understood or that pose the greatest potential risk to the public. Under rapid response, Health Canada can act quickly to protect the public when a problem occurs – including ensuring the removal of unsafe consumer products from store shelves.

Through this Program Activity, Health Canada also helps to ensure that cosmetic products used by Canadians on a daily basis are safe and meet the requirements set out in the Food and Drugs Act and its Cosmetic Regulations. Prohibiting or restricting the use of certain ingredients in cosmetics and requiring ingredients to be listed on outer product labels allows Canadians to make informed decisions when selecting and using cosmetics.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
33.4	33.4	33.4

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
283	283	283

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Increased consumer/industry awareness of health risks and regulatory requirements related to consumer products	% by target population aware of information related to consumer and product safety and related to exposure to consumer products by: • level of awareness • type of target group & # reached • dissemination mechanism/ source(s) of information received/viewed • product category	To be set after baseline is established by March 31, 2012

Responsive regulatory system for consumer products	% of regulatory actions addressed within service standards (SS) and targets set (TS) by: • type of regulatory action (e.g. standards/acts/regulations/ guideline, investigations, advisories, warnings, recalls) • product	The *Canada Consumer Product Safety Act* (CCPSA), including the provision for mandatory incident reporting, did not come into force until June 20, 2011. The baseline will be established by early 2013
Improved industry compliance with product safety obligations	% and # of non-compliant products identified through the cyclical enforcement plan (CEP) for which corrective action is taken. The regulatory regime for the Consumer Products Safety Program is based on Post-Market Surveillance. The sampling for compliance is targeted to those product categories where there is a reasonable assumption of non-compliance (i.e. higher risk). Therefore, high rates of non-compliance are expected. This is an indicator that the risk-based sampling is effective. In order to measure industry compliance, requirements are tested according to a planned cycle.	Corrective action taken on 100% of non-compliant products inspected identified through targeted cyclical enforcement plan

Planning Highlights

Continued implementation of the *Canada Consumer Product Safety Act* (CCPSA) will guide the ongoing responsibilities under this Program Activity. The Department will use the more robust tools provided through the Act, including the mandatory reporting provision, and will provide information to consumers, and work closely with industry. Health Canada will continue to work to meet its objectives under the Government's Food and Consumer Safety Action Plan.

In support of the Government of Canada's efforts to reduce regulatory compliance burden, increase protection of workers, and support cooperation with major trading partners, the Department will continue to implement the Globally Harmonized System of Classification and Labelling of Chemicals (GHS).

Program Activity: Substance Use and Abuse

Through regulatory, programming and educational activities, Health Canada seeks to improve health outcomes by reducing and preventing tobacco consumption and combating alcohol and drug abuse. Through the *Tobacco Act* and its regulations, Health Canada regulates the manufacture, sale, labelling, and promotion of tobacco products. It also leads the *Federal Tobacco Control Strategy* – the goal of which is to further reduce the prevalence of smoking through regulatory, programming and educational activities. Through the *Controlled Drugs and Substances Act* (CDSA) and its regulations, Health Canada regulates controlled substances. As a partner department under the National Anti-Drugs Strategy, Health Canada supports prevention, health promotion, and treatment initiatives with the goal of reducing substance use and abuse and its associated harms. It also provides expert advice and drug analysis services to law enforcement agencies across the country.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
131.0	108.2	108.2

The decrease in planned spending from 2012-13 to 2013-14 is primarily associated with the sunsetting of some programs.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
430	430	431

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Declining levels of substance use and substance abuse	Rates of substance use and abuse: • Canadian tobacco use prevalence • prevalence and number of current Canadian smokers (15+) • prevalence and number of youth (15-17) smokers	12% (Canadians 15+); 9% (youth (15-17)
	Levels of drug abuse in Canada • prevalence and number of Canadians who abuse psychoactive drugs (15+) • prevalence and number of youth (age 15-24) illicit drug	Target to be set if/when program is renewed
Increased Compliance/Adherence to Tobacco Acts and Regulations, and Controlled Drugs and Substances Acts and Regulation	% of inspections that are compliant (C)/ non-compliant (NC) with acts, regulations, or other control instruments by: • type of regulatory action taken • result of regulatory action	100% of inspections are compliant with the acts, regulations, or other control instruments by: • type of regulatory action taken • result of regulatory action

Planning Highlights

Under the *Cracking Down on Tobacco Marketing Aimed at Youth Act (2009)*, Health Canada will, among other things, continue to implement new labelling requirements for cigarettes and little cigars (including larger health warning messages); and, will introduce a pan-Canadian "quitline" telephone number as well as a web address to encourage Canadians to quit using tobacco.

Following a review of its operational policies and procedures, Health Canada will continue to implement improved regulatory processes under the Marihuana Medical Access Program that will speed up review of applications for authorizations to possess, or licences to produce, marihuana for medical purposes. We will develop a new regulatory framework for the Marihuana Medical Access Program.

Health Canada will work with the Department of Justice and other partners under the National Anti-Drug Strategy (NADS) and will support the treatment and prevention of substance abuse, enforcement of the *Controlled Drugs and Substances Act* and associated regulations, and the Drugs Not 4 Me mass media campaign.

(a) Program Activity: Radiation Protection

Health Canada aims to reduce the health and safety risks associated with different types of radiation, both naturally occurring and from artificial sources, in living and working environments. Health Canada conducts research into the biological effects of environmental and occupational radiation, develops better methods for internal radiation dosimetry and its measurement, provides radiation safety inspections of federally regulated facilities containing radiation-emitting devices, develops regulations, guidelines, standards and safety codes pertaining to radiation-emitting devices, and provides radiation advice to other government departments, industry and the general public.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
7.4	7.4	7.4

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
100	100	100

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Increased public/stakeholder awareness of health risks related to radiation/radon	% and # of Canadians aware or knowledgeable of information and health risks related to radiation/radon by: • level of awareness • type of target group • dissemination mechanism/ source(s) of information received/viewed	30% of Canadians
Increased compliance/adherence to radiation emitting devices acts and regulations, and Canadian Nuclear Safety Commission acts and regulations	% of inspected registrants/firms/users that are compliant/non-compliant with acts, regulations, or other control instruments by: • post-market review/assessment • radiation emitting devices examined • type of regulatory action taken • result of regulatory action	At least 75% of inspected devices are compliant with the acts, regulations, or other control instruments by: • post-market review/assessment • radiation emitting devices examined • type of regulatory action taken • result of regulatory action
Declining Level of Illnesses and Injuries from 'Exposure to Radiation in the Environment'	Incidence/rate of illness/risk related to exposure to radiation in the environment by: • type of injury, disease, illness, etc., related to targeted regulated products • type of product/environment (i.e., environmental areas that cause illness/risk)	Baseline to be established. Resulting target to be reached by March 31, 2012

Planning Highlights

The Department will continue its work to reduce risks associated with radiation emitting devices, to increase Canadians' awareness and understanding of risks related to these devices, and to meet international and national requirements related to environmental radiation monitoring.

Health Canada will update the Federal Nuclear Emergency Plan to align and integrate with the Government of Canada Federal Emergency Response Plan and incorporate lessons learned from the Government of Canada response to the March 2011 tsunami and nuclear accident in Japan.

The Department will continue testing radon levels in federal buildings in high-risk, radon-prone areas. The Department will also continue to increase awareness of risks, health impacts and mitigation strategies related to indoor radon exposure.

Program Activity: Pesticide Safety

Health Canada, through the Pest Management Regulatory Agency, administers the *Pest Control Products Act* (PCPA) and its regulations. The primary objective of the PCPA is to prevent unacceptable risks to people and the environment from the use of pest control products. Health Canada regulates the entire life cycle of a pesticide, including: determination of value, health and environmental risk assessment, characterization and mitigation, registration of products, monitoring and enforcement activities, re-evaluation of registered pesticides on a 15-year cycle, and phase-out or cancellation of products. Pest control products are regulated in a manner to encourage the development and implementation of innovative, sustainable pest management strategies and to facilitate access to pest control products that pose lower risks. Health Canada also encourages public awareness in relation to pest control products by informing the public, facilitating access to relevant information and participating in the decision-making process. Health Canada plays a leading role in international efforts to integrate various regulatory systems around the world. International cooperation facilitates consistency and ensures the best science available supports our decision making.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
39.0	39.0	39.0

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
533	533	533

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Prevention of unacceptable risk from pesticides	As a result of regulatory decisions: • # of products registered with reduced risks • # of submissions denied registration • # of products or uses phased-out as a result of an unacceptable health and environmental risk finding • # of products or uses with continued registration, but with additional measures to protect health and the environment	Annually
Timely regulatory decisions for pesticides	% of reviews conducted within service standards and targets set for: • new product registration (Categories A, B & C) • older product re-evaluation	• 90% of submissions completed within service standard • 90% of registered active ingredients requiring re-evaluation are initiated in accordance with the PCPA
Mitigation of risks of/from non-compliance associated with pesticides	# and % of registrants/vendors/users, within a sector, found to be non-compliant	• 90% return to compliance

	that have returned to compliance (i.e., risks are mitigated) by: • # of targeted inspection (by sector) • # of non-compliant • % that returns to compliance	

Planning Highlights

Health Canada will enhance collaborative efforts with other national regulatory organizations and improve the effective use of international science including foreign review in support of the prevention of unacceptable risks to people and the environment from the use of pest control products.

A safety-based approach, for both pre-market and post-market assessments, will ensure ongoing risk reduction, and protection of the health and safety of Canadians and the environment. An effective registration process will provide Canadians with timely access to safer and innovative pesticides. Health Canada will also implement a re-evaluation program based on a fifteen-year cycle in accordance with the *Pest Control Products Act* (PCPA) and support oversight activities in areas of food, consumer and environmental protection in cooperation with international partners. In addition to the day-to-day operations described above, emphasis will be placed on key priorities, including:

- completing implementation of our regulatory change agenda;
- meeting performance expectations on core regulatory activities;
- enhancing science development to meet current and future regulatory needs;
- developing a proposal for a revised cost recovery framework; and,
- continuing international collaboration.

Strategic Outcome 3:

First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

This Strategic Outcome seeks to ensure that First Nations and Inuit living on reserve or in Inuit communities have access to health services as well as a limited range of medically necessary health-related goods and services not provided through private insurance plans, provincial/ territorial health or social programs or other publicly funded programs. It seeks to reduce the gap in health outcomes between First Nations and Inuit and the Canadian population in general.

Program Activity 3.1	Program Activity 3.2	Program Activity 3.3
First Nations and Inuit Primary Health Care	**Supplementary Health Benefits for First Nations and Inuit**	**Health Infrastructure Support for First Nations and Inuit**

Program Activity: First Nations and Inuit Primary Health Care

The Primary Health Care Activity funds a suite of programs, services and strategies provided primarily to First Nations and Inuit individuals, families and communities living on-reserve or in Inuit communities. It encompasses health promotion and disease prevention programs to improve health outcomes and reduce health risks, public health protection, including surveillance, to prevent and/or mitigate human health risks associated with communicable diseases and exposure to environmental hazards, and primary care where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end-of-life care and referral services.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
891.7	890.5	908.0

The decrease in planned spending from 2012-13 to 2013-14 is primarily associated with the sunsetting of some programs. The increase in planned spending from 2013-14 to 2014-15 is primarily associated with demographic drivers.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
1,222	1,222	1,224

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Primary health care programs and services that are responsive to the needs of First Nations and Inuit individuals, families and communities	Immunization coverage rates for two and six year old children living on-reserve	95% of all provincially scheduled childhood immunizations
	% of on-reserve population receiving required primary care assessment/ diagnostic, treatment, rehabilitative,	Maintain service levels

	supportive and palliative care services	
	# and % of individuals, families and communities receiving required preventive, screening, treatment and support services for community-based health promotion/disease prevention programs by type of service: • healthy child development • mental wellness • healthy living	Maintain service levels (Baseline established in 2008-09)

Federal Sustainable Development Strategy (FSDS) Targets Led by Health Canada

FSDS Goals, Performance Indicators and Targets for this Program Activity

FSDS Goals	Performance Indicators	Targets
Goal 3: Water Quality: Protect and enhance the quality of water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.	Percentage of First Nation communities with acceptable water and wastewater facility risk ratings	Increase the percentage of First Nation communities with acceptable water and wastewater facility risk ratings by 2013

Note: Health Canada shares responsibility for this target with Aboriginal Affairs and Northern Development Canada

Planning Highlights

Health Canada is committed to strengthening the primary health care services to First Nations and Inuit communities that are the core of this Program Activity and that address priorities such as the Department's renewed National Tuberculosis Strategy. To do so the Department is developing new models of service delivery in remote and isolated communities and using funds from the renewed Aboriginal Health Human Resources Initiative (AHHRI) to support a strong health human resources structure. The Department will continue to work to resolve human resource issues in First Nations and Inuit communities through an approach that includes:

- professional practice support for nurses in these communities;
- providing access to specialized support and consultation to support nurses;
- addressing issues that influence staff recruitment and retention; and,
- investments to implement innovative strategies to help address and move beyond the longstanding health service gaps in remote and isolated First Nations communities

During 2012-2013, the Department will continue to focus on health promotion and disease prevention programs to enhance access to services and improve health outcomes. The National Aboriginal Youth Suicide Prevention Strategy, the Maternal Child Health program and enhanced funding for Aboriginal Head Start On Reserve, and related programs, will continue to support individuals, families and communities in addressing health objectives related to healthy living, mental wellness and healthy child development. Specific activities will include programming in First Nations and Inuit communities focused on healthy eating and physical activity, community-based projects for mental health promotion and youth suicide prevention, home-visiting to

support pregnant women and families with young children, and outreach services for Aboriginal Head Start on reserve sites.

The Department will undertake actions in support of the Federal Sustainable Development Strategy as part of ongoing commitments under this Program Activity. The Department will continue to enhance capacity to monitor drinking water quality under the Guidelines for Canadian Drinking Water Quality (GCDWQ) in First Nations communities and First Nations will have access to communications products and tools to enhance awareness and knowledge about environmental health. Health Canada will also continue to implement the health promotion activities on mould in support of the National Strategy to Address Mould in First Nations Communities led by Aboriginal Affairs and Northern Development Canada in order to raise awareness and increase capacity among First Nations home occupants, communities and institutions to prevent and/or remediate mould effectively.

Program Activity: Supplementary Health Benefits for First Nations and Inuit

The Non-Insured Health Benefits (NIHB) Program provides a specified range of medically necessary health-related goods and services to registered Indians (according to the *Indian Act*) and Inuit (recognized by one of the Inuit Land Claim Organizations in Canada) where not otherwise covered under a separate agreement (e.g. a self-government agreement) with federal, provincial or territorial governments. The benefits under the NIHB Program include the following, where not otherwise provided to eligible clients through private or provincial/territorial programs: pharmacy benefits (prescription drugs and some over-the-counter medication), medical supplies and equipment, dental care, vision care, short term crisis intervention mental health counselling, and medical transportation benefits to access medically required health services not available on reserve or in the community of residence.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
1,006.9	1,030.3	1,054.5

The increase in planned spending from 2012-13 through 2014-15 is primarily associated with demographic drivers.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
521	521	513

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Access to non-insured health benefits appropriate to the unique health needs of First Nations people and Inuit	% of FN/I population who accessed NIHB by type of benefit: • pharmacy / medical supplies and equipment • medical transportation • dental • vision care	Maintain access levels according to medical necessity
Efficient management of access to non-insured health benefits	Administrative cost ratio (ratio of administration costs to benefit expenditures)	Reduce to 6.0% over 5 years

Planning Highlights

The Non-Insured Health Benefits (NIHB) Program continues to fund, in a cost effective manner, the provision of evidence-based supplementary health benefits to eligible First Nations and Inuit, where not otherwise provided to eligible clients through other private or provincial programs, including drugs and medical supplies & equipment, dental care, vision care, short term crisis intervention mental health counselling, and medical transportation to access medically required services not available on-reserve or in the community of residence.

The ongoing activity of providing non-insured health benefits coverage to over 846,000 eligible First Nations people and Inuit will continue. As part of ongoing efforts to enhance efficiency in Program administration, the Department will explore ways to further streamline the program's dental and pharmacy prior-approval processes and expand its audit activities.

The NIHB Program has taken a wide range of actions to ensure that eligible First Nations and Inuit clients have access to necessary medications, with an emphasis on client safety. The NIHB Program will develop a strategy to help address prescription drug abuse, by building on current client safety activities such as monitoring of prescription drug use, and restrictions on opioids and other drugs of concern. Additional details on NIHB's client safety measures are available in the Client Safety Report section of the NIHB Annual Report.

Program Activity: Health Infrastructure Support for First Nations and Inuit

The Health Infrastructure Support activity underpins the long-term vision of an integrated health system with greater First Nations and Inuit control by enhancing their capacity to design, manage, deliver and evaluate quality health programs and services. It provides the foundation to support the delivery of programs and services in First Nations communities and for individuals and promotes innovation and partnerships in health care delivery to meet the unique health needs of First Nations and Inuit. The funds are used for: planning and management for the delivery of quality health services, construction and maintenance of health facilities, research activities, encouraging Aboriginal people to pursue health careers, investments in technologies to modernize health services, and integrate and realign the governance of existing health services.

Financial Resources for this Program Activity in $ Millions

2012–13	2013–14	2014–15
272.1	252.3	256.2

The decrease in planned spending from 2012-13 to 2013-14 is primarily due to the sunsetting of some programs. The increase in planned spending from 2013-14 to 2014-15 is primarily associated with demographic drivers.

Human Resources for this Program Activity in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
236	174	180

Expected Results, Performance Indicators and Targets for this Program Activity

Program Activity Expected Results	Performance Indicators	Targets
Promote innovative integrated health governance relationships	% of provinces/territories with multi-jurisdictional agreements to jointly plan, deliver and/or fund integrated health services for aboriginal Canadians	100% by March 2015
Improved First Nations and Inuit capacity to influence and/or control (design, deliver, and manage) health programs and services	# of communities involved in the planning process to influence and/or control (design, deliver, and manage) health programs and services	5% increase (2-3 communities) in the number of communities involved by 2016

Planning Highlights

Much of the ongoing work under this Program Activity involves engagement and coordination of health infrastructure initiatives with partners, particularly the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Public Health Agency of Canada and Aboriginal Affairs and Northern Development Canada. Through collaboration efforts, partners explore and develop approaches in areas of mutual interest for advancing First Nations and Inuit health, guide health survey research and analysis, and seek to harmonize or improve the practices and systems that departments use to manage contribution agreements.

In moving toward its long-term vision for the integration of federal and provincial health services for First Nations and Inuit, Health Canada will continue to work with the government of British Columbia and British Columbia First Nations to implement a Tripartite Framework Agreement on Health governance - an historic first for First Nations Health.

In 2012, Health Canada will complete the remaining Aboriginal Health Transition Fund (AHTF) projects. Since 2005, AHTF has funded over 300 projects supporting the integration and adaptation of federally and provincially/territorially funded health services for Aboriginal Canadians. The successor initiative, the Health Services Integration Fund will continue to build on the lessons learned through AHTF through to 2015.

The Department intends to modernize its First Nations and Inuit Health infrastructure program and will continue to work with First Nations and Inuit communities to improve the quality of health infrastructure management practices and the long term sustainability of the program.

9 Internal Services

Health Canada has a range of internal services. Some, such as financial, administrative, real property, security, human resources, information management and Information Technology, provide the basic infrastructure that enables the Department to function while ensuring compliance to new and existing central agency policies.

Other internal services in Health Canada address departmental and Health Portfolio needs such as general communications and policy activities, as well as managing relations with Parliamentarians, the Cabinet system and other government departments and levels of government. An additional set of internal service roles centre on critical departmental and government-wide responsibilities, such as ensuring the best value for Canadians through planning, accountability and tracking performance and results.

Those responsible for internal services within Health Canada will continue to focus on their ongoing responsibilities while continuing to build on the use of department-wide approaches in such areas as learning, Information Technology and Information Management. Many will directly help to oversee, deliver or support management priorities. In addition to those efforts, the Department will address specific issues and opportunities that arise.

Financial Resources for Internal Services

2012–13	2013–14	2014–15
283.4	275.6	275.0

The decrease in planned spending from 2012-13 through 2014-15 is primarily associated with the sunsetting of some programs.

Human Resources for Internal Services in Full-time Equivalents (FTE)

2012–13	2013–14	2014–15
2,507	2,465	2,460

Planning Highlights

Health Canada will continue to focus on ongoing improvements to its delivery of internal services while increasingly building department-wide approaches to service delivery and provide expert advice relating to various aspects of the HC Investment Plan and project management practices. For example, Health Canada will implement positive, collaborative strategies and approaches to encourage managers to use plain language with investment planning, costing and forecasts, in order to provide the Departmental Executive Committee with clear, accurate information for decision-making.

The Department will provide strategic financial and operational support to client branches to support transformative initiatives focusing on efficiency, effectiveness, and value for money. Health Canada supports clients through costing exercises, forecasting, and options analysis, to implement government priorities, and to ensure spending is managed within budgets.

The Department will continue to improve service delivery by pursuing the integration of operational planning and budget management. Health Canada will promote integrated planning by working more closely with the branch planners to standardise and streamline processes.

As part of regular functions under this Program Activity, the Department will contribute to the Federal Sustainable Development Strategy by shrinking the environmental footprint in the following areas: greenhouse gas emissions for fleet; electronic and electrical equipment; printing units; and, paper consumption. The Department also supports green buildings, green meetings, and green procurement.

Health Canada will increase its transparency and engagement with Canadians and stakeholders through innovative communications tools and approaches, contributing to the Government of Canada's Open Government Initiative. A Web Presence Renewal Initiative will improve public access to health and safety information online. The Department is developing guidelines to make better use of social media to engage the public and strengthen the consistency of its consultation processes by using new tools and with the application of best practices.

The Department will embed strategic human resource planning in its management practices to align human resources plans with evolving program objectives and business models. This will include enhancement of processes and tools, as well as a review of roles and responsibilities for human resources services delivery.

As Information Technology (IT) is critical to Health Canada operations, the Department will continue to focus on leading-edge application development and IT resource management strategies. It will expand partnerships with Shared Services Canada and other government departments to standardize IT solutions. As well, the Department will develop a five-year Information Technology / Information Management (IM) strategic plan that will articulate the key investments needed to manage costs better while supporting priorities such as regulatory modernization, a single departmental grants and contributions system, and a Science IM/IT strategy.

Health Canada will develop a Departmental Security Plan and enhance its business continuity plans to ensure it can deliver critical health programs in the event of a major disruption. The Department will enhance public access to information and ensure protection of personal information with a strong focus on compliance with its legislated obligations.

Section III: Supplementary Information

Financial Highlights

The future-oriented financial highlights presented within this RPP are intended to serve as a general overview of Health Canada's financial position and operations. These future-oriented financial highlights are prepared on an accrual basis to strengthen accountability and improve transparency and financial management.

Future-oriented financial statements can be found on Health Canada's website.

Future-oriented
Condensed Statement of Financial Position

($ thousands)

Condensed Statement of Financial Operations At end of Year	% Change	Future Oriented 2012–13	Future Oriented 2011–12
ASSETS			
Financial assets	-9%	300,258	328,706
Non-financial assets	-1%	141,344	142,456
TOTAL ASSETS	-6%	$441,602	$471,162
LIABILITIES AND EQUITY OF CANADA			
Total liabilities	-10%	948,532	1,057,988
Equity of Canada	-14%	(506,930)	(586,826)
TOTAL LIABILITIES AND EQUITY OF CANADA	-6%	$441,602	$471,162

Future-oriented
Condensed Statement of Operations

($ thousands)

Condensed Statement of Operations For the Year	% Change	Future Oriented 2012–13	Future Oriented 2011–12
EXPENSES			
Total Expenses	-8%	3,507,240	3,829,196
REVENUES			
Total Revenues	2%	(131,532)	(129,557)
NET COST FROM CONTINUING OPERATIONS	-9%	$3,375,708	$3,699,639
NET COST OF TRANSFERRED OPERATIONS	-100%	0	40,429
NET COST OF OPERATIONS	-10%	$3,375,708	$3,740,068

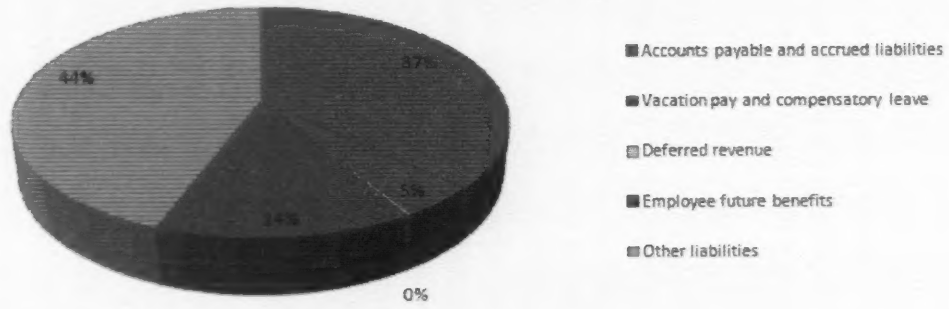
Future-oriented Assets by Type

Assets by Type

Total assets are anticipated to be $441.6M for 2012-13, a decrease of $29.6M from 2011-12 projections.

The breakdown of assets is as follows: Due from Consolidated Revenue Fund $273.2M; Accounts receivable and advances $27.1M; and Capital assets $141.3M.

Future-oriented Liabilities by Type

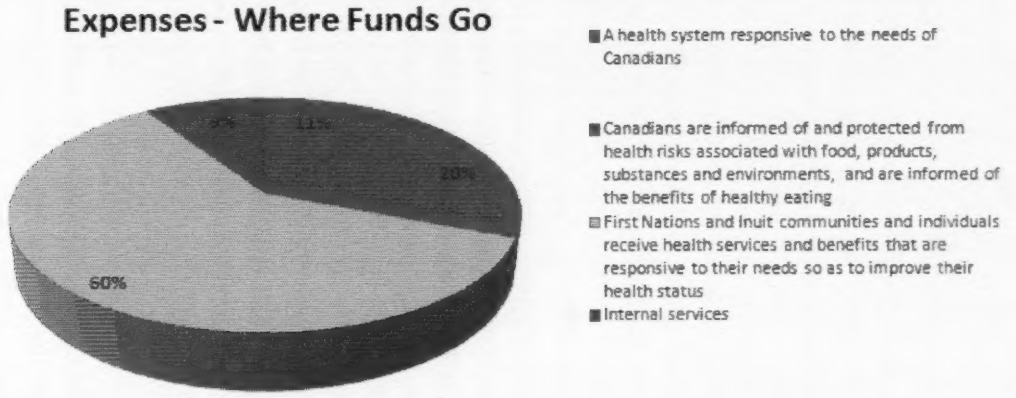


Liabilities by Type

Total liabilities are anticipated to be $948.5M for 2012-13, a net decrease of $109.5M from 2011-12 projections.

The breakdown of liabilities is as follows: Accounts payable and accrued liabilities $352.1M; Vacation pay and compensatory leave $40.7M; Deferred revenue $1.9M; Employee future benefits $134.5M; and Other liabilities $419.3M.

Future-oriented Expenses by Strategic Outcome


Expenses - Where Funds Go
11%
20%
60%
A health system responsive to the needs of Canadians
Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating
First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status
Internal services

Total Expenses

Health Canada is projecting $3,507.2M in expenses based on 2012-13 Main Estimates and accrued information. This amount does not include supplementary estimates. It represents a decrease of $322.0M from 2011-12 projections.

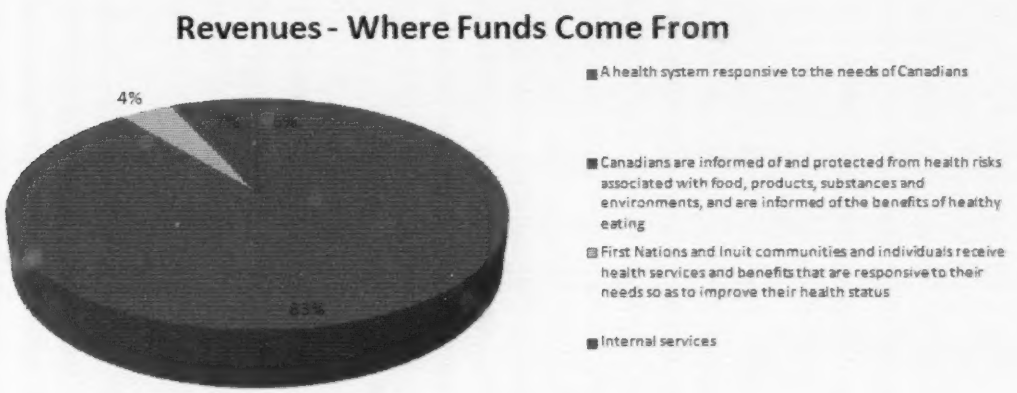
The expenses by Strategic Outcome are as follows: A health system responsive to the needs of Canadians $382.7M; Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating $707.6M; First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status $2,097.0M; and Internal services $319.9M.

Future-oriented Expenses by Type

Expenses by Type

The expenses are broken down as follows: Transfer payments $1,350.0M; Salaries and wages $965.4M; Utilities, materials and supplies $451.2M; Professional and special services $424.7M; Travel - non-insured health patient $158.1M; and Other $157.8M.

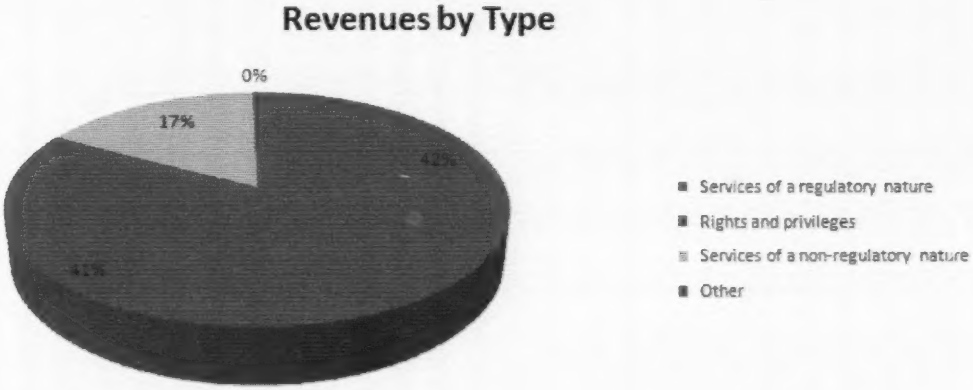
Future-oriented Revenues by Strategic Outcome


Revenues - Where Funds Come From
4%
83%
A health system responsive to the needs of Canadians
Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating
First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status
Internal services

Total Revenues

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by program activities that support the above-noted Strategic Outcomes. Health Canada projects total revenues in 2012-13 will be $131.5M, representing an increase of $2.0M over 2011-12 projections.

Revenues by Strategic Outcome are as follows: A health system responsive to the needs of Canadians $8.3M; Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating $109.0M; First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status $5.4M and Internal services $8.8.



Revenues by Type

These revenues will come from the following: Services of a regulatory nature $55.7M; Rights and privileges $53.4M; Services of a non-regulatory nature $22.1M; and Other $0.3M.

Supplementary Information Tables

All electronic supplementary information tables can be found in the 2012–13 Report on Plans and Priorities on the Treasury Board of Canada Secretariat's web site.

Details on Transfer Payment Programs (TPPs)
Up-Front Multi-Year Funding
Greening Government Operations
Horizontal Initiatives
Upcoming Internal Audits and Evaluations over the next three fiscal years
Sources of Respendable and Non-Respendable Revenue
Summary of Capital Spending by Program Activity
User Fees

Additional Weblinks

Aboriginal Affairs and Northern Development Canada
Aboriginal Diabetes Initiative
Aboriginal Head Start On Reserve
Aboriginal Health Human Resources Initiative
Aboriginal Health Transition Fund
Air Quality
Assembly of First Nations
Assisted Human Reproduction Act

Canada Consumer Product Safety Act
Canada Health Act
Canada Health Infoway
Canada's Economic Action Plan
Canadian Food Inspection Agency
Canadian Food Inspection Agency Act
Communities
Consumer Products Safety
Controlled Drugs and Substances Act
Cosmetic Regulations
Cosmetics
Cracking Down on Tobacco Marketing Aimed at Youth Act (2009)
Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights

Department of Health Act
Departmental Security Plan
Drugs Not 4 Me

Electronic Submission Gateway
Emergency Preparedness and Response

Federal Sustainable Development Strategy
Federal Tobacco Control Strategy
Food and Consumer Safety Action Plan
Food and Drugs Act
Food and Drugs Act and Regulations

Globally Harmonized System of Classification and Labelling of Chemicals
Guidelines for Canadian Drinking Water Quality

H1N1
Health Canada's website
Health Care Policy Contribution Program

Health Workforce Planning
Healthy Eating Awareness and Education Campaign

Indian Act
International Pharmacovigilance Working-sharing Group
Internationally-Educated Health Professionals
Inuit Tapiriit Kanatami

Marihuana Medical Access Program
Medical Devices

National Aboriginal Youth Suicide Prevention
National Anti-Drug Strategy (NADS)
National Strategy to Address Mould in First Nations Communities
National Tuberculosis Strategy
Natural Health Products
NIHB Annual Report
Non-Insured Health Benefits
Nurses
Nutrition

Official Languages Act
Official Languages Health Contribution Program

Pan American Health Organization
Patient and Consumer Participation Pool
Pest Control Products Act
Pest Management Regulatory Agency
Public Health Agency of Canada

Radiation
Radiation Dosimetry
Radiation emitting devices
Regulatory Cooperation Council
Roadmap

Shared Services Canada
Social Media

Tobacco Act
Treasury Board of Canada Secretariat
Tripartite Framework Agreement on Health Governance

U.S. Food and Drug Administration

Veterinary Drugs

Water Quality
World Health Organization

Section IV: Other Items of Interest

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